Virginia Office of Emergency Medical Services
Virginia Department of Health

Reimbursement Request Form
OEMS Grant Program
ALS Training Funds

Grant #:	Code #	Amount Requested:
Grantee:		
Federal Identification Number (FIN):		

IMPORTANT: One form must be completed for each course/class.
The grant number and code number are located on the award page.

Course/Class Title	
Course Number	
Course Location	
Course/Class Start Date	
Course/Class Completion Date	
Primary Instructor:	
Instructor Certification Level:	
Instructor Social Security Number:	
Number of students at start of course/class*	
Number of students on third day of instruction**	
Number of students completing course/class***	
Reimbursement Type	Course Tuition
Anticipated test date	
Required documentation attached (see back of page)	Yes No
Signature	
Date	

*   *Should be a minimum of 13 students*
** *Less than 13 students will result in a reduced reimbursement rate.*
*** *This information is currently being collected for statistical purposes only.*

Course/class must be submitted for OEMS approval and must be announced
Course/class must be completed by the end of the grant period (6/30)
Course should commence within 6 months of award date (12/31)

Reminder: The Course Approval Form must be submitted to OEMS no later than 30 days prior to the course commencement.

Any changes to course/class location must have prior OEMS approval (modification).

Checklist:
All items listed below must accompany any request for reimbursement.

Course Approval Form as provided by OEMS.

Course/class announcement.

Course/class roster

Invoice to OEMS for total amount requested for reimbursement.

Agreement for Services Form (AFS)*

* The AFS Form should already be on file at OEMS. If the AFS form has not been submitted, it must be included with reimbursement request.